PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10734920

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS					(COID	11111 21	1	RATE		Un 1		
			32			== 5:50			FEE	$\{$	RATE	FEE
FOR			NUMBER FILED		NOWR	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			ර <u>ජ</u> minus 20=		* / 2			X\$ 9=		OR	X\$18=	216
INDEPENDENT CLAIMS			\mathcal{E} minus 3 = $\frac{1}{2}$		<u>* 2</u>			X43=		OR	X86=	اتري
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	•
* If	the difference	in column 1 is	less than zero, enter "0" in co			olumn 2		TOTAL		OR	TOTAL	1192
CLAIMS AS AMENDED - PART II									L	!	OTHER	THAN
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL	·		TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		1011	ADDIT. FEE	
_		CLAIMS		HIGH	EST		Ιг		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	* .	Minus	**		= !		X\$ 9=	1-	OR	X\$18=	
AME	Independent	*	Minus	***:		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											-
								+145= TOTAL		OR	+290=	•
										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= :		· X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR.	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.	